

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 470)

SERIAL NO  
4204006  
APPLICANT

FILING DATE

10/14/99

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1					
2						
3						
4	1					
5	1					
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10	1					
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49						
50						
TOTAL NO.	17					
TOTAL OFF.	17					
TOTAL	21					

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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